



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

November 25, 2013

Jennifer M. Grassi
Jump N Blast, LLC
Valencia Laser Blast
28205 Ridge View Drive
Canyon Country, CA 91387

HEARING ON APPLICATION FOR GAME ARCADE/SC **BUSINESS LICENSE ID #140600**

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, December 11, 2013 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:.....11/07/2013
2ND PUBLISHING DATE:.....11/14/2013
3RD PUBLISHING DATE:.....11/21/2013

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

GAME ARCADE/SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:.....23460 CINEMA DR #C
SANTA CLARITA, CA 91355
NAME OF APPLICANT:.....JUMP N BLAST LLC/ JENNIFER M. GRASSI
VALENCIA LASER BLAST
DATE OF HEARING:..... 12/11/2013
TIME OF HEARING:.....09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **GAME ARCADE/SC**

ADDRESS OF BUSINESS: **23460 CINEMA DR C, SANTA CLARITA, CA 91355**

TELEPHONE: **(661) 255-1600**

OWNER OF BUSINESS: **JENNIFER MARIE GRASSI**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **VALENCIA LASER BLAST**

MAILING ADDRESS

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input type="checkbox"/> 2. Risk Management			
• <input checked="" type="checkbox"/> 3. Building & Safety	YES	09/25/13	dmiles
• <input checked="" type="checkbox"/> 4. Fire Department	YES	08/20/13	dmiles
<input type="checkbox"/> 5. Public Health			
• <input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	10/24/13	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
• <input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	08/06/13	dmiles
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	11/07/13	dmiles
<input type="checkbox"/> 12. Public Works - EPD			
• <input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	08/23/13	dmiles

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 2140.00

ID # 140600

BUSINESS INFORMATION

Type of Business: <u>GAME LASERTAG / ARCADE PUBLIC Eating</u>	Address of Business: <u>23460 Cinema DR Valencia CA</u>	
DBA (Business Name): <u>VALENCIA LASER Blast</u>	Business Telephone: <u>661 255 1600</u> unit <u>9135</u>	
Sellers Permit # (State Board of Equalization): <u>AR 102-434524</u>	Mailing Address: _____	
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>12/28/12</u>	Incorporated in the State of: <u>CA</u>	
Exact Corporate Name: <u>JUMP N BLAST LLC</u>		
Names of Officers	Addresses	Titles
<u>RICHARD Blair GRASSI</u>		<u>CO OWNER MANAGER</u>
<u>JENNIFER Marie GRASSI</u>		<u>CO OWNER MEMBER</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>JENNIFER MARIE GRASSI</u>		
Home Address: _____		
Home Telephone: <u>6</u>	Cell Phone: _____	Email address: <u>JENNGrassi@earthlink.net</u>
Social Security #: _____	Date of Birth: _____	Place of Birth: _____
Driver's License or State ID#: _____		Expiration Date: <u> / / </u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height: _____	Weight: _____
Hair Color: _____		Eye Color: _____

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the license applied for, I agree to submit any additional information that may be required, to conduct all phases of this business license in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 8/5/2013 Applicant's Signature: _____

Application taken by: 116

Date: 8-5-2013

JUL 08 2013

ZONING REFERRAL

PLANNING APPROVAL AS MARKED
SUBJECT TO ALL APPLICABLE SECTIONS
OF THE UNIFIED DEVELOPMENT CODE
CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT
I.D. # 190600

D P Koontz

PLANNING DIVISION

OTC 13-1106

TO: CITY OF SANTA CLARITA
COMMUNITY DEVELOPMENT/PLANNING
23920 VALENCIA BLVD., STE # 140
SANTA CLARITA, CA 91355

FROM: TREASURER TAX COLLECTOR
BUSINESS LICENSE SECTION
23757 VALENCIA BLVD
SANTA CLARITA CA 91355
FAX # (661) 945-3512

DATE: 03/15/2013

TYPE OF BUSINESS(ES) GAME ARCADE, PUBLIC EATING FOOD ESTABLISHMENT

ADDRESS OF BUSINESS 23460 Cinema Drive Unit C

CITY Santa Clarita ZIP CODE _____

NAME OF OWNER Jump N Blast LLC

"DBA" Valencia Laser Blast TEL. #: 661 255 1600

MAILING ADDRESS _____

EXISTING USE YES ☒ NO ☐

USE PERMITTED IN ZONE
"APPROVED"

USE NOT PERMITTED IN ZONE
"DENIED"

REMARKS _____

D P Koontz

SIGNATURE OF ZONING OFFICER

7-8-13

DATE

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: GAME ARCADE /SC

ADDRESS OF BUSINESS: 23460 CINEMA DR C, SANTA CLARITA, CA 91355

TELEPHONE: (661) 255-1600

OWNER OF BUSINESS: JENNIFER MARIE GRASSI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA LASER BLAST

MAILING ADDRESS: :

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

BUILDING & SAFETY

SANTA CLARITA

☒ APPROVAL☐ DENIAL

RECOMMENDATION:

*No issues - recommend
approval. Building permit was
obtained for tenant improvement.*

SIGNATURE:

D. Hamrick

DATE:

9/25/13

BASIC LICENSE NO. 8370

DATE 09/24/13

IDENTIFICATION NUMBER 140600

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

325 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

126

BUSINESS LICENSE
APPLICATION REFERRAL

NKSC

KIND OF BUSINESS: GAME ARCADE /SC

ADDRESS OF BUSINESS: 23460 CINEMA DR C, SANTA CLARITA, CA 91355

TELEPHONE: (661) 255-1600

OWNER OF BUSINESS: JENNIFER MARIE GRASSI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA LASER BLAST

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

FIRE DEPARTMENT
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

SIGNATURE:

F.S. #126

DATE:

8/13/13

BASIC LICENSE NO. 8370

DATE 08/06/13

IDENTIFICATION NUMBER 140600

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **GAME ARCADE /SC**

ADDRESS OF BUSINESS: **23460 CINEMA DR C, SANTA CLARITA, CA 91355**

TELEPHONE: **(661) 255-1600**

OWNER OF BUSINESS: **JENNIFER MARIE GRASSI**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **VALENCIA LASER BLAST**

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

TREASURER & TAX COLLECTOR

LA COUNTY



APPROVAL



DENIAL

RECOMMENDATION: _____

SIGNATURE: _____

DATE: _____

10-24-13

BASIC LICENSE NO. **8370**

DATE **08/06/13**

IDENTIFICATION NUMBER **140600**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: GAME ARCADE /SC

ADDRESS OF BUSINESS: 23460 CINEMA DR C, SANTA CLARITA, CA 91355

TELEPHONE: (661) 255-1600

OWNER OF BUSINESS: JENNIFER MARIE GRASSI

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA LASER BLAST

MAILING ADDRESS:

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

REGIONAL PLANNING

SANTA CLARITA

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: _____

SIGNATURE: 

DATE: 8/6/13

BASIC LICENSE NO. 8370

DATE 08/06/13

IDENTIFICATION NUMBER 140600

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

13-01068

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: GAME ARCADE /SC

ADDRESS OF BUSINESS: 23460 CINEMA DR C, SANTA CLARITA, CA 91355

TELEPHONE: (661) 255-1600

OWNER OF BUSINESS: JENNIFER MARIE GRASSI

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: VALENCIA LASER BLAST

MAILING ADDRESS: :

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

SHERIFF FINGERPRINT

LA COUNTY

☒ APPROVAL☐ DENIAL

RECOMMENDATION: _____

Approved

SIGNATURE: _____

WLP 536670

DATE: _____

8/22/13

BASIC LICENSE NO. 8370

DATE 08/06/13

IDENTIFICATION NUMBER 140600

8/13

Faxed TIC 8/22